(3) mation

V. S. No. 1

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item

STATE OF MARYLAN	D-CERT	IFICATE	OF DEA	ТН	64
CE OF DEATH		166)		OB.	
ty Carolina			Registration	Dist. No. 6	/
ge or City Leens boro	No			St.	
	(If death occurred	d in a hospital or in	stitution, give its NAM	E instead of street an	nd numbe
h of residence in city or town whare death occurradyrs,	mosds.	How long in U.S.	if of foreign birth?	угв	_mos
L NAME Soble Andraws.	<i>j</i>	_If U. S. Vetera	an, specify WAR		
Residence: No. 114 Harvey are.	St.,	Ward.	Linewood	Pa.	

Coun Villa Ward Lengt 2. FUL (a) | If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIFORCED (write the word) male. (Oay) (Month) 5a. If married, widowad, or divorced HUSBAND of I HEREBY CERTIFY, That I attended daceased from (or) WIFE of april 12, 1909 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Devs If LESS than to heve occurred on the date stated above, at\_ 1 day, -----hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Oate of enset 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. back Industry or business In which work wes done, as SILK MILL. SAW MILL, BANK, etc .... on 10. Date dacaasad lest worked at 11. Total time (yaars) spant in this this occupation (month and, C occupation .. year) ( - see [ Q instructions Contributory Causes of importence (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama of operation\_\_\_\_\_ (Stata or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ MOTHER 15. MAIDEN NAME important 23. If death was due to externel couses (VIOLENCE) fill in eiso the following: Accident, suicide, or homicide 16. BIRTHPLACE (city or town) \_\_\_\_ (State or country) (Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMAN (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury LION Nature of injury 24. Was disease or injury in any 19. UNOERTAKER (Address) If so, specify ogistrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephiritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Box			4.0
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state D. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RI MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	F MARYLAND—	CERTIFICATE OF DEATH
County Canadine	•	Registration Dist. No.
Village or City See As		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos, ds.
2. FULL NAME Freshie	B	If U. S. Veteran, specify WAR
(a) Residence: No.		St. Ward.
(a) nesidence, No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of		22.   HEREBY CERTIFY, That I attended decessed from
C DATE OF DIDTH (See the day of the day of	une 5, 1936	1 Jasysaw h Massaliva on 2, 1927; deeth is sale
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Yaars   Months	Days If LESS than	Conave occurred on the date stated bove, at 111 100 im.
, 0	9. 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trede, profassion, or perticular kind of work done, es SPINNER,		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Aydrocephalie ()
10. Oate decaasad last worked at this occupation (month end year)	11. Total time (yeers) spant in this occupetion	
12. BIRTHPLACE (city or town)		Other Centributers Causes of Importance:
(Stete or country)	sel:	- Seemday Ollewis
13. NAME Juddle 20 14. BIRTHPLACE (city or town) (Stete or country)	<del></del>	Name of operation Date of Date of What test confirmed diagnosis Date of Westhere an autopsy?
	Stuble	23. If daeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Cauline 16. BIRTHPLACE (city or town)	md	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT Mu F'redde	Buo,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Placa Mil Cline Cemel	ypete Jone 15- , 19 37	Menner of injury
19. UNDERTAKER Addrass	andery you	24. Was diseasa or injury in any way stated to occupation/bl/deceased?
20. FILED / 14/317 QC	Annella Registrar.	(Signed) (Addrass) (Addrass) (Addrass)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		7	39
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen critic	1 year
		1 6 3	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	4	4	3
10	- 35	- 85	. 1

1. PLACE OF DEATH	(2)
County Caroline	Registration Dist. No.
Village or City Dentod Mary Cand.	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Vilgimen Carter	If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month)  (Day)  (Pear)
5a. If married, widowed, or divorced HUSBAND of	22.     HEREBY CERTIEN, That   attended deceased from
(or) WIFE of Elizabeth Delivere Certin	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIDTH ( and ) My Och 18/1	last saw h and alive on the 28 1937: death is said
6. DATE OF BIRTH (month, day, and year) May 9 964  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 5 7 m.
1 10 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8. Trade, profession, or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc Carl Carles Sawyer, Bookkeeper, etc Carles Sawyer, etc Ca	0 1 11
Industry or business in which	Usebral Hemortrage 4/1/37
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Dolance	Other Contributory Causes of importance:
(State or country)	Thehallale French lattile
13. NAME John Manay Center	Broncha pulumonia. Duration: seren
13. NAME John Homes Caster  14. BIRTHERACE (city or town) Delaware	Name of operation days. Quito. Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Margaret Areas	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret Stown  16. BIRTHPLACE (city or town) Belaware  (State or country)	Accident, suicida, or homicide? Date of Injury 19
16. BIRTHPLACE (city or town)	Where did injury occur?
1 Not Dy	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Substitution Carlos (Address)	Specify whether injury occurred in Thousand, in nome, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Deston Data July 1 1937	Nature of injury
DAn: Alada	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify Tenner I Tenner III
20. FILED 6- 20, 190/ / ha WU Jeng &	(Signed) (Signed) (Signed) (M.D. (Addrase)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE C	DEATH	6444
1. PLACE OF DEATH		(131)		19
County Caralful			Registration Dist. No	62
Village or City Level	sus	No. f death occurred in a horpital or institutio	NAME: 1 (	_St.,Ward
Langth of residence in Lity of them where deat			foreign birth?yrs	
2. FULL NAMES FOR	Malies	The wester an, sp	necify WAR	
(a) Residence: No.	1 Dellan	St., // Ward.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a) hesidence. No.	(Dsurrplace of abode)		If nonresident give city or	town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CE	RTIFICATE OF DE	EATH
Fundle Whele	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	me de	193./
Sa. If married, widowad, or divorced	- man		(Month) (Day)	(Rear)
(or) WIFE of David	Cheereu	12/ JANES BY	37 to June	30 1937
6. DATE OF BIRTH (month, day, and year)	ev. 101852	Hast sa he alive on	Jame 30	., 193. 7; death Is sal
7. AGE Years Months	Days If LESS than	to have occurred on the date stated	abova, at 630 Pm.	
85 3-0	RO I day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and ralated causes of import	Date of onse
8. Trade, profession, or particular	1-0			Uate or onse
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc	unul	AA A		9
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		Chames Mys	coedeles	
SAW MILL, BANK, etc	11. Total time (years)			
this occupation (month and year)	spent in this occupation			
12. BIRTHPLACE (city or town)	est 60	Other Contributory Causes of Import	ance:	
(State or country)	wareslow	Cheronie Well	the tis	7
13. NAME Jaley (1)	use	Je wan Lugi	VSWX	
13. NAME  14. BIRTHPLAGE (city or town)		Name of operation		Date of
(State or country)	uaryland.	What test confirmed diagnosis?		
IS. MAIDEN NAME MUNIC J	isher	23. If death was due to extarnal cause		
15. MAIDEN NAME		Accident, suicide, or homicide?	Date of inju	ry, 19
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18. BURIAL, CREMA ION, OR REMOVAL	0 200	Manner of injury		
Place Museu	Date 744 7, 19 7	Nature of Injury		
19. UNDERTAKER Q = Z	Heaton 1	24. Was disease or injury in any way	related to occupation of dec	ceased? (No
(Addrass)	K. 16. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	If so, specify	X	
20. FILED 7/3 37 /200 0L	1 Years	(Signed) Hauro	n U Leans	M.
20. FILEU, 13-1		- (Address)	Dut	E land

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JUL 8 1931			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

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BUREAU V. 8.			
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

0		.0	2454	
63	4	4	6	
V	-8	4		

1. PLACE OF	DEATH			119			
County	6 arolin	le		Registration Dist. No.			
	0	death occurred	yrs,mos	ND.  death occurred in a horpital or institution.  ds. How long in U.S. if o	tion, give its NAMI f foreign birth?	yrs	number)
(a) Residence	ce: Nb	(Usuai place		St.,Ward.		give city or town an	d State
	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month)	/3_ (Day)	, 193. (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. IHEREBY	CERTIF	Y. That I attended	
6. DATE OF BIRTH ( 7. AGE Year		Days	if LESS than I day,hrs. ormin.	I last saw h	/ 4	2m.	; death Is said
kind of w SAWYER, 9. Industry or t work was	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc business in which done, as SILK MILL, L RANK etc.	•		Brucha Mi	und He	lysus	
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)				Other Contributory Causes of impo		***************************************	
(State or coun	James 1	angla B	rown		•		
14. BIRTHPLACE (State of		ento	Z,	Name of operation What test confirmed diegnosis?			
15. MAIDEN NAME 16. BIRTHPLACE (State or 17. INFORMANT (Address)	(city or town)	llabor Caylan	groon L	23. if deeth wes due to external cau Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred in	(Specify city or	I In also the following Dele of Injury	ng: , 19
18. BURIAL, CREMAT	IDN, OR REMOVAL	Date Jun	e 15,1939	Menner of injury			
19. UNDERTAKER (Address)	20 20 7	more	***************************************	24. Was disease or injury in any wif so, specify(Signed)	ey related to occup	etion of deceased?	
2D. FILED. 6 -/	1937 //	NUTER	Registrar.	(Address)	Coul	in The	М. D

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	Example I		Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial neph	ritis JUL	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	The state of the s				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Cartin	Registration Dist. No. 64
Village or City Adully Phl	NoSt.,Ward
Langth of rasidence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
Q 0 0 4/000 5	(Tuin)
(a) Residence: No. Filebolowy Ind. R. F.D	If U. S. Veteran, specify WAR
(a) Residence: No. The laborate Md. (C.J.) (Used place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 6 20 193 7 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacassed from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 6/20/3 7	i last saw h alive on 19 : daeth is said
7. AGE Years Months   Bays   If LESS than	to have occurred on the date statad abova, at
Julian I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
2 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Q410A A
work was done, as SILK MILL.	All Bown
10. Date daceasad last workad at II. Total time (years)	
this occupation (month and spent in this occupation	6 Munch
12. BIRTHPLACE (city or town) Kallalely PT4	Other Contributory Causes of importance:
(Stata or country)	
13. NAME Charles E. Harris	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME JOHN WHELLY	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, sulcida, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALL AMERICAN LINE R.J.D. (Addrass) Legislity high R.J.D.	Specify whether injury occurred in INOUSTRY, in HOME, or in PÜBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Charles Samo Farm Oate June 21, 19 37	Nature of injury
19. UNDERTAKER J. J. Frankjetom - Lon	24. Was diseasa or injury in any way related to occupation of deceased?
(Addiess) (Addendating hid.	If so, specify
20. FILEO June 21, 1937 St. Tramp tom	(Signed) M. D. (Address) Federally M. D.

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SUMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			100

V. S. No. 1

1.	PLACE OF DEATH County Carrline	Registration Dist. No. 64
	Village or City Federal R 74	ND. St., Ward
		death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
2	(a) Residence: No. Leducestury Md.	If U. S. Veteran, specify WAR.  R. FSKO . Ward.
	(Usual place of abode)	If nonresident give city or town and State
3. S	PERSONAL AND STATISTICAL PART/CULARS  EX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	OR DIVORCED (write the word)	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
e 1	DATE OF BIRTH (month, day, end year) 6/20/37	
7. A		to heve occurred on the dete steted above, atm,
	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
z	8. Trede, profession, or particular	were as follows: Oate of onset
TION	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	(Ufill Same
NAN	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Tunis.
220	10. Date decessed lest worked at this occupetion (month and spant in this year)	6 mo sellami
12.	BIRTHPLACE (city or town) Federalely PTI	Other Contributory Causes of Importance:
~	13. NAME (State or country)	
THER	Or was a	
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
2	15, MAIDEN NAME Ruth Wheathy	What test confirmed diagnosis? Was there en au'opsy?  23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
THE	16. BIRTHPLACE (city or town) Ou check (18 -	Accident, suicide, or homicide?
MOT	(State or country)	Where dld injury occur?
17.	INFORMANT Venta Harris (Address) File Strategy and P.F.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Piece Charles Harris tarm Dete for 21, 1937	Nature of Injury
19.	UNDERTAKER J. J. Franciscom + Son (Address) Fidendsolm md.	24. Was disease or Injury In any way related to occupetion of deceesed?
20	FILED June 21 1937 S. J. Frambton	(Signed) W. / Ex/Custs 3

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Constitution of the consti			
	-,-		
Other contributory causes of importance:	Times N	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 00

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6450
1. PLACE OF DEATH	39
County Curound	Registration Dist. No. 64
1 3	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Chymne Streets Haste	ugolf U.S. Veteran specify WAR
(a) Residence: No. Federalsburg (Vaual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX J. 4. COLOR OR RACE 5. SINGLE (MARRIED, WIDOWED, OR DIVORCED (rapric the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widewed, or divorced HUSDAND of (or) WIFE of John 7, Haslings	22.   I HEREBY CERTIFY, That I ettended deceased from   19.77, to   10.00   19.37
6. DATE OF BIRTH (month, day, end year) Sec. 15 - 1867	Ylas saw hex alive on full 6 ,1937; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 2:18Pm.
69 5 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Chresical Level : Machinette : 5/3/2
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked et this occupation (month and	Chronic Ingocardies 1980
10. Date decessed last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Sussey Co, (State or country)	Other Contributory Causes of importance:
a 13. NAME George J. Trist	Dealules mellilus 1920
14. BIRTHPLACE (city or town) Russey CJ.  (State or country) Selauvare	Neme of operation Associated Security West here an eutopsy? MA
15. MAIDEN NAME Climie Betto	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). August Col.	Accident, suicide, or homicide? Date of injury, 19
(State or country) Delaware.	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Of LATALITY WILLIAM TO THE CANDING TO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Itale Crest Church Jate June 9 , 19 37	Nature of injury
19. UNDERTAKER I. Vilgel Grove	24. Was disease or injury in any wey related to occupation of deceased?
(Address) / Declar Zun	If so, specify A A
20. FILED June 9th, 1927 J. J. Fram lotor	(Signed) of sank of frequences M. J.

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Example II		
Date of onset  1 week ago		
1 week ago		
3 days ago		
1 year		

122.19

# PHYSICIANS should state of statement of OCCUPA.

Exact statement UNFADING INK-THIS IS A PERMANENT H stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLA

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEA	TH	ı MAKI	LAND	B
	County Caro	line			Registration Dist. No. 64
	Village or City		shurg		ND. St., Ward
					death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2	. FULL NAME	Lydia	F. Johns	son	If U. S. Veteran, specify WAR
	(a) Residence: No	Federa	Usual place of		St., Ward.  If nonresident give city or town and State
9611196111	PERSONAL AN	D STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3.		R OR RACE White	5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH  June 17  (Month) (Day) (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	nrced No	data		22. I HEREBY CERTIFY. That I ettended daceasad from Office 19.7? to 19.7.19.3.7
	DATE OF BIRTH (month, da	. and O cd	oher 23	1869	light saw h. 4.35 alive on June AT , 19 7? death is said
	AGE Yaers	Months	Days	If LESS than	to have occurred on the date stated above, at 5 @ . m.
	67	7	24	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Z	8. Trede, profassion, or po	articular			were es rollows:  Date of onset
10	8. Trede, profassion, or pr kind of work done, SAWYER, BOOKKEE	PER, etc. Ho	ouse work	ζ	A . 1 / 4
OCCUPATION	9. Industry or business in work was done, es SAW MILL, BANK,	SILK MILL, OV	vn home	*************	Carsinona M. Guest
00	10. Date daceasad last worth this occupation (mo year)	rkad at nthrandn.193	11, Total tim spant occupi	in this Tite	
12.	BIRTHPLACE (city or town) (State or country)	C s	roline (	Co. Md.	Other Contributory Canses of Importance:
ER	13. NAME JO	hn F? Re	eed		
FATHER	14. BIRTHPLACE (city or to (Stata or country)	own) Cai	coline Co	Mđ.	Neme of operation Dete of Dete of What test confirmed diagnosts? Universal Land there an autopsy? Man
ER	15. MAIDEN NAME	Mary Ja	ane Ford		23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or to (State or country)	own) Caro	line Co.	rd.	Accident, suicide, or homicide? Date of injury, 19
17.		s. Robei	rt K. Nol	ble	(Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR I	REMOVAL		19 ,19 37	Menner of Injury
19	UNDERTAKER J. (Address) Fed	J. Fram eralsbu	otom & So	o <u>n</u>	24. Was disease or injury In eny wey related to occupation of deceesad?
20.	FILED June 18,	137 5.	J. Tra	m & tom	(Signad) frank M. Begelesse M. D.  (Address) Federal slowing M. D.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	f
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		-	

should state Exact statement of OCCUPA-Every item of infor-PHYSICIANS UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. properly classified. certificate. pe AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93:20 CAD
County Carolina.	Registration Dist, No. 4
Village or City Janua Guo.	NoSt.,Ward
length of residence in city or town where doeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foreign birth?yrsmosds_
01-10	
2. FULL NAME Charles H Jones.	If U. S. Veteran, specify WAR
(a) Residence: No. Wilmy life Sug!	St., Ward. Wilmiglox &il,  If nonysident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male with the word)	June . /1 , 193 T
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of acta 25 - Jones.	22. I HEREBY CERTIFY, That I ettended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) June 6, 86	I last saw h alive on, 19; death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs	to have occurred on the data stated abova, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
07 11 20 ormin.	were as follows:
Trade, profession, or perticular kind of work done, as SPINNER Paker Maker SAWYER, BODKKEEPER, etc.	of Probably greater myocardities Cutor
SAWYER, BODKKEEPER, etc.	- Vient datate
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Plane Class in House
kind of work done, as SPINNER AND Marker SAWYER, BODKKEPPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	Greensbors ma June !!
year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country) Med	- Found dead, half on how after entering
13. NAME William Jones	hotel-room.
13. NAME William Jones  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Amarka Fisher.  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida? Date of Injury
(State or country) Ind.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James Chandley;	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Wilmuples Del	
18. BURIAL, CREMATION, OR REMOVAL  Place Description of Date Date 193	Manner of Injury
Place Date full 14, 190	Nature of injury
19. UNDERTAKER N. 199 Mayling	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Lieus toro Mid.	If so, specify find the specific forms of th
20. FILED Lune//, 1057 L mar Paper	(Signed) Cally Capital (1)
Registrar.	(Address) & reent tota med Coloner

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	9.6	, Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	37 July 5,1927	Peritonitis	3 days ago
JUL .	v. S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	46 Q	a
county Cedroling	Registration Dist. No. 6	2
Village or City Trear Veretoris	No. St.,	number)
Length of residence in city or town where death occurredyrsm	osds. How long In U. S. if ot toreign birth?yrsm	
2. FULL NAME ellean form of	icaclis If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	l State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Cualried	21. DATE OF DEATH	, 193
5a. If marriad, widowed, or divorced  WUSDANO ot  (or) WIFE of  Aurea  Ouvell  Aurea  Ouvell  Outell	122. A I HEREBY CERTIFY That I attanded	
3	Thay 3 19 to puel	19.2
6. DATE OF BIRTH (month, day, end year) Mal. 23 - 186.	i last saw h. 1937	.; death is sale
7. AGE Years Months Deys It LESS than 1 day,hrs	to heve occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
0rmin.	were as follows:	Oate ot onse
8. Trade, protession, or perticular kind of work dona, es SPINNER,		-
SAWYER, BODKKEEPER, etc	116	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Maccona folowale	
10. Date deceased last worked at this occupation (month and spant in this		-
yeer) occupation	Dther Contributary Causes of Importance:	-
12. BIRTHPLACE (city or town)  (State or country)		-
13. NAME PROPLEMENT		
The state of the s		
14. BIRTHPLACE (city or town) (State or country)  Coedine	Name of operation Dete of What test confirmed diagnosis? Clinical Westhere and	eu'opsy? Du
I 15. MAIDEN NAME CHARLE & Journal	23. If deeth was due to external causes (VIOLENCE) fill in also the tollowing	g:
16 BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)  Lever.	Where did injury occur? (Specify city nr town, county and State	
17. INFORMANT Mure Maure Marking (Address)	Specify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place I VILLE Data July 7, 19 3	Nature of Injury	
19. UNDERTAKER Jugel Zeloon	24. Was disease or injury in any way related to occupation of daceased?	nd
(Address)	If so, specify	
20. FILED 6/13 1937 /m DA Years	(Signed) Sunson () Jeany	C M.
Registrar.	(Address)	3-1

V. S. No. 1

B.—WRITE PLA

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item of infor-

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. IS A PERMANENT

MARGIN RESERVED FOR BINDING

UNFADING INK-THIS

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

properly classified.

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Vuly 5, 1927	Peritonitis	3 days ago
BUREAUV.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
5			

# Every item of infor-

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important. B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(37)	
County	Caroline			Registration Dist. No. 43	
Village or	city Pres	ton, Mar	ryland	NoSt.,St.,St.	Ward
Length of res	sidence in city or town where	deeth occurred		death occurred in a notpital or institution, give its INAIVIE instead of street and itds. How long In U.S. if of foreign birth?yrs	
				• A • M • If U. S. Veteran, specify WAR	
	nce: No.			St Ward.	
		(Usual place		If nonresident give city or town and	State
	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
s. sex Male	4. COLOR OR RACE	or divorce	RRIED, WIDOWED, ED (write the word) WOI	21. DATE OF DEATH  Que (Month) (Day)	, 193 7 (Year)
5a. If married, wido HUSBAND of (or) WiFE of	wed, or divorced Saran Eliz	abeth Pl	hillips	22. I HEREBY CERTIFY, Thet I attended September 7 1936, to Sune18	
6. DATE OF BIRTH	(month, dey, and yeer)	ot. 8,	1844	lest saw h_1/11	
7. AGE Ye	Months 8	Days	If LESS then 1 day,hrs.	to have occurred on the date stated above, et 52.9.4.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	60
N. Trede profe		1 440 10	ormin.	Paraly tic Illeas	Date of onset
kind of SAWYE	ession, or perticuler work done, as SPINNER, R, BOOKKEEPER, etc	octor o	f M.	Cystilis - Pyclitic	
Industry or work w	business In which as done, as SILK MILL,			Crimary Canae: Benign Inspectrating of Jour	-
SAW MI	ILL, BANK, etcsed last worked et		time (years)	Prionary Cause: Benign hypeatrophy of Jon tate . Probable Swation : 20 years . 10 after	ation for:
this occ	upetion (month and	Spe	ent in this 38	the latters Quest R.	
an DIRTURI ACT (	city or town) Eas	st New M	arket	Other Contributory Causes of Importance:	Pears
(State or co	,,	Ma.		Arlanoscierosis	Geors
13. NAME	James K. 1	Phillips		Prostatic abscess; incised 4 drained in 1905.	
13. NAME	CE (city or town)	East New	Market	Neme of operation	
(Stele t	or country)	Md.	9	What test confirmed diegnosis? Wes there en	outopsy?_No
I5. MAIDEN N				23. If death was due to external causes (VIOL ENCE) fill In elso the following	:
15. MAIDEN N	E (city or town) Eas	t New Ma	arket,	Accident, suicide, or homicide? Dete of injury	
-   (Stete t	or country)	Ma.		Where did injury occur? (Specify city or town, county and Sta	e)
[7. INFORMANT	Mrs. N. H. Preston	Fooks, Md.,		Specify whether Injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PL	AĆE.
	ation, or REMOVAL at New Mark	et_Dete_Jun	e <b>21</b> ,19 37	Menner of injury	
19. UNDERTAKER			on Wd	24. Was disease or Injury in eny wey releted to occupation of deceased?	
	e 19,19395h	as BH	thruson.	(Signed) Hurs 03. Themmes (Address) Privator Musselmed	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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JUL V.S.	18	1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(B-E) (VO)	
County Caroline	Registration Dist. No. 6 2	
Village or City / Qeellow	No. St.,	Ward
1/ -	sds. How long in U.S. If of foreign birth?r	
2. FULL NAME, Ledience les	Sellis. S. Veteran, specify WAR	
(a) Residence: No. Bridger of abode)	Ward.  If nonresident give city or town an	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jane 19	., 193 7
a. If married, widowed, or divorced	(Dey)	(weer)
(or) WIFE of July T. Ressell	22. New HEREBY CERTIFY That I attanded	d deceased from
7/ 27 44 61-	Musical 156, to your	7 192
DATE OF BIRTH (month, day, end year)	l iest sew here elive on 19.2	; death is sal
AGE Yeers Months Days If LESS than	to heve occurred on the dete stated above, at	
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importenca wera as follows:	Date of ones
8. Trede, profession, or particular kind of work done, as SPINNER.		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  1. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date_deceased last worked at	ff f	117.0
work was dona, as SILK MILL, SAW MILL, BANK, etc	Chiame pryocardity	173.
10. Date deceased last worked at this occupation (month end year) 11. Total tima (years) spent in this occupation		
ways to be a second of the sec	Other Contributory Canses of Importence:	
2. BIRTHPLACE (city or town)  (State or country)	1116	7
	Turio Finillares	
- Comment of the comm		
14. BIRTHPLACE (city or town) (Stata or country)	Neme of operation	
	Whet test confirmed diagnosis? Was thera an	
	23, if death wes due to externel causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
INFORMANT LIERS L. Q. anom	Where did Injury occur?  (Specify city or town, county and St Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC P	ate) PLACE.
(Address)  B. BURIAL, CREMATION, OR REMOVAL  OF THE STATE	Mannar of Injury	
Piece Drike Will Store 1993	Nature of injury	
9. UNDERTAKER Que Marchander (Addiess)	24. Wes disease or injury in eny way related to occupation of deceesed?	tu
20, FILED 6-21 ,1937 /1 40 9 lunge	(Signad) Hewron O Trange	М.

V. S. No. 1

Exact statement of OCCUPA-

stated EXACTLY. properly classified. E

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLA

MARGIN RESERVED FOR BINDING

item of infor-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PEAU V. S.	10		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

# should state Exact statement of OCCUPA-PHYSICIANS PERMANENT stated EXACTL properly classified. certificate. UNFADING INK-THIS Jo See instructions on back plnods CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

19. UNOERTAKER

(Address)

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MADVI AND	CERTIFICATE OF DEATH
1, PLACE OF DEATH	J-CERTIFICATE OF BEATTI
County Caroline	Registration Dist. No. 62
Village or City Rear Deulan	
Length of residence In city or town where death occurred yrs	mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. Augustus (Usuai place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work)	
5a. If married, widowed, or divorced HUSBANO of (or) WHE of Cuspleie Do	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS the laday,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or businass in which work was done, as SILK MILL.	n. Were as follows: Oate of one of the other oate of oate of one of the other oate of oate of one of the other oate oate of oate oate oate oate oate oate oate oate
SAW MILL, BANK, etc	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)  (State or country)	Other Controller Controller Controller
13. NAME fleeders out Cott	Name of operation Date of
(State or count)	What test confirmed diagnosis? Was there an autopsy? Was the area autopsy?
15. MAIOEN NAME Linabette  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Alluce Ealls (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Ceaulord Data June 6 19	Manner of injury

Registrar. (Address State Registrar 2012 N. Charles Street

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 501 6 1931	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		97	1-	
County Reflective		Reg	istration Dist. No. 62	
Village or City Thoperenew	No.			War
Langth of rasidance in city or town where death occurred	(If death occu	rred in a hospital or institution, give is. How long in U.S. if of foreign	sits NAME instead of street and birth?n	
2. FULL NAME William Fts	Les los II	If U. S. Veteran, specify		
(a) Residence: No. Hicke	uder St.	Ward.	11/11	
(Usual place of			conresident give city or town and	d State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIF	ICATE OF DEATH	
SEX 4. COLOR OR RACE S. SINGLE, MARRI OR DIVORCED		TE OF DEATH	ne 24	., 193
HUSBAND of July Cott, S	egg. 22. (	JIHEREBY CE	RTIFY, That I attended	deceased fro
DATE OF BIRTH (month, day, and year) Ofer. 14	- 1862 Hast st	h an aliva on these	2/3 1937	.; death is sa
AGE Yaars Months Days	If LESS than to have	occurred on the data stated abova,	at 2 P m.	
75 2 10	I dey,hrs. The PRI ware es	INCIPAL CAUSE OF DEATH end ra	latad causes of importanca	,
8. Trade, profession, or perticular	1	Tollows.		Date of onsi
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Parente C	1 1 1		-
S. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ch	tens Icles	esis	193
11. Total times this occupation (month and yaar)	ation			
. BIRTHPLACE (city or town)	Other C	Contributory Causes of Importance:		
(State or country) Delawor				
13. NAME Levi Scatt		. ,		
14. BIRTHPLACE (city or town)	Neme of	f operation	Dete of	
(State or country)		st confirmed diagnosis?		
15. MAIDEN NAME Bebleece Bok	222/	th was due to externel ceuses (VIO	The state of the s	
16. BIRTHPLACE (city or town)		t, suícida, or homicida?		
(State or country)	/	lid injury occur?		
INFORMANT Leslie Salt			cify city or town, county and Sta TRY, in HOME, or in PUBLIC Pt	ite) LACE.
BURIAL CREMATION, OR REMOVAL	As.	of Injury		
profally every fol place le	1/1037	of Injury		
UNDERTAKER (Address)		disease or injury in eny way relate	d to occupation of decaased?	200
11.1 Sall holl		gned Muson	Mencal	/

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Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 9 1831			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

6458

1. PLACE OF DEATH	(108)	
County Caroleux	Registration Dist. No. 6/	
	ND. St., St., If death occurred in a hospital or institution, give its NAME instead of street an	
Length of residence In city or town whera death occurradyrsmo	sds. How long in U.S. If of foreign birth?yrs	.mosds.
2. FULL NAME Elmua Thomas.	If U. S. Veteran, specify WAR	
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word), We derived.	21. DATE OF DEATH	., 193_7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Alfred Thomas	1 HEREBY CERTIFY, That Lattender  June 5 1937 To June 9	(Year) ed deceased from
6. DATE OF BIRTH (month, day, and year) acry 9, 1856 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2,30 pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Z_; death is said
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the same to this prographic month and the same to this prographic forms the same to the same to this prographic forms to the same to the s	Fotor preumouse	6-1-37
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (state or country)	Other Contributory Causes of Importance:	
13. NAME Nashawish Smith.	en raphrells	
(State of country)	Name of operation Data of What test confirmed diagnosis Chica Cash Was there as	45
15. MAIDEN NAME Quid  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Addrass)  (Addrass)  (Addrass)	23. If death was due to axternal causes (VIDLENCE) fill in also the following Accidant, suicide, or homicide? Date of injury	, 19 tate)
18. BURIAL, CREMATION, OR REMOVAL Place Deulon and Date June 15- ,1937	Manner of Injury Natura of injury	
19. UNDERTAKER & Bullio Fire md.	24. Was disease or injury in any way related to occupation of daceased?	to
20. FILE Sure 14. 1837 L man Pyristrar.	(Signad)/ Signad Goy 4. Nanlon,	ma M. I

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
RO			
Other contributory causes of importance:	The many of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6459
1. PLACE OF DEATH	(23)
County Caroline	Registration Dist. No. 62
Village or City Lear Necessary	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME Sellet Trura	u If U. S. Veteran, specify WAR
(a) Residence: No. / lettaw	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dev) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, dev. end veer) Dea. 29 " 1967	1 lest saw h AMM alive an AMM   193 7; deeth is said
6. DATE OF BIRTH (month, dey, end yeer)   LC.   190   7. AGE Yeers   Months   Deys   If LESS then	to have occurred on the date stated above, et
28 6 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Day Lakar	Munouary Wherelloses 4-7-3,
2 Industry or business in which work was done, as SILK MILL,	Part 1/1/2
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SINDUSTRY OF BUSINESS IN Which Work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed lest worked et this occupation (month end	// rumbinoray 6-15-
this occupation (month end spant in this occupation	
12. BIRTHPLACE (city or town) Telan Develow	Other Contributory Causes of Importance:
(State or country) Zuareland	4 1 1
II 13. NAME Celijah Truxau	4
13. NAME Client Survivi	Name of operation Date of
(State of country) according	What test confirmed diegnosis LUUI Clel Was there an au'opset LO
15. MAIDEN NAME Grave (3) Darly.  16. BIRTHPLACE (city or town).	23. If death wes due to externel causes (VIOLENCE) fill In also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country) wareflowed.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Celefale Truyan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Menner of injury
Plege Valle Dete John 19.32	Neture of injury.
19. UNDERTAKER Le Victor	24. Wes diseese or injuty in any way releted to occupetion of deceesed?
(Address) ( Qentan	If so, specify
20, FILED 6- 17, 1937 Im DO Tevral	(Signed) M.D.
Aegistrar.	(Address) Def Chalf Or I Very Out 1 let

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.	Ji .		
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARVIAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH
Cara Cara	Registration Dist No. 6/
LO /	
Village or City June 1000 "	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town whera death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tena Wonlager	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual Statistical Particulars	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fernance 70, OR DIVORCED (write the word)	ine! 83 193 1
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND OF (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
0- 14 (004	Musch 75 (1957, to Prague 2 2, 1937
6. DATE OF BIRTH (month, day, and year) Ture 10 /890 7. AGE Years Months Days If LESS than	I last saw he alive on feet above at m., 19-1; death is said to have occurred on the date stated above at m.
4M 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Irade, profession, or particular	wera as follows)  Date of onset
SAWYER, BOOKKEEPER, etc.	arcensma il Cervi (1)
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at	
this occupation (month and year) spent in this occupation	
IZ. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) / Wad '	
13. NAME Joseph Worls ev '	
2 14. BIRTHPLACE (city or lown)	Name of operation
(State or country) Lamany	Whet test confirmed diegnosis? Here ea Was there en autopsy?
15. MAIDEN NAME Talie Attrifuff'	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
O I6. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicida?
Tracas C. C.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Tamma Lon Nel	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Places Serlow Md. Date serve 26, 1037	Neture of Injury
19. UNDERTAKER R. B. Nawlings	24. Wes disease or Injury in any way related to occupation of deceased?
(Agdress) therewere. med.	If so, specify
20. FILED use 25, 157 L. Mar Lysin	(Signed) Rabis N.D.
Megistrar.	(Address) fleecestrip all
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BUREAU V.	5.		
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